

**APPLICATION FOR
TEMPORARY SIGN PERMIT
Town of Braintree** Date: _____

The undersigned hereby applies for a temporary permit to: ____ Erect

1. Location Work: _____ Braintree, Ma.

2. Name & Address of Owner: _____
_____ Phone Number _____

3. Name & Address of Contractor: _____
_____ Phone Number: _____
_____ Cell Number: _____

4. Type and Number of Signage:
____ Wall Signage Size: _____ SqFt _____
____ Ground Signage Size: _____ SqFt _____

5. Dates for Displaying Signage:
Start Date: _____ Removal Date: _____

NOTE: Any sign *not removed* by said date shall be deemed illegal and may be fined \$ 50.00
Per day.
Any sign that is loose or damaged shall be corrected or removed immediately.

6. The following information must accompany the application:
- a) Workers Compensation Insurance Affidavit
 - b) Dimension of Signage (length, width, height)
 - c) Building Frontage (linear footage)
 - d) Exact Wording of signage
 - e) Construction and detail drawings of signage
 - f) Two colored photographs of signage on building or property
 - g) Site plan drawn to scale, locating new ground signage

7. Signature of Owner or Authorized Representative: _____

OFFICIAL USE ONLY

Approved By: _____ Date: _____ Permit No. _____ Fee: _____

Map _____ Plot _____ District _____ Tax Sign Off: _____

Date Removed: _____